INSURANCE BINDER

5/2/2016

THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON PAGE 2 OF THIS FORM.

AGENCY
Corinthian Insurance Agency Inc.
165 Main Street
Suite 214
Medway   MA 02053

COMPANY	**BINDER #**
American Bankers Insurance	082

EFFECTIVE		EXPIRATION	
DATE	TIME	DATE	TIME
4/27/2016	12:01 [X] AM [ ] PM	5/27/2016	[X] 12:01 AM [ ] NOON

PHONE
(A/C, No, Ext): (508) 533-5103

FAX
(A/C, No): (508) 533-5109

[ ] THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY
PER EXPIRING POLICY #: **FSL4175284**

CODE: **SUB CODE:**

AGENCY
CUSTOMER ID: 00005879

INSURED AND MAILING ADDRESS

Jean A. DeGutis, DBA: Tambark Farm
44 Warren Street

Plainville   MA 02762

DESCRIPTION OF OPERATIONS/ VEHICLES / PROPERTY (Including Location)

Loc#1 44 Warren Street Plainville, MA   02762
policy term 3/25/16-3/25/17 premium $4,010
See Attached Overflow Pages

ACORD®

COVERAGES   LIMITS

TYPE OF INSURANCE	COVERAGE / FORMS	DEDUCTIBLE	COINS %	AMOUNT
PROPERTY CAUSES OF LOSS [ ] BASIC [ ] BROAD [X] SPEC	Dwelling, Special form	2,500	100	250,000
	Household Property, Special form	2,500		175,000
	Loss of Use, Special form			50,000
	Related Structures, Special form	2,500		25,000

GENERAL LIABILITY			
[ ] COMMERCIAL GENERAL LIABILITY		EACH OCCURRENCE	$
[ ] CLAIMS MADE [ ] OCCUR		DAMAGE TO RENTED PREMISES	$
		MED EXP (Any one person)	$
		PERSONAL & ADV INJURY	$
		GENERAL AGGREGATE	$
	RETRO DATE FOR CLAIMS MADE:	PRODUCTS - COMP/OP AGG	$

VEHICLE LIABILITY		
[ ] ANY AUTO	COMBINED SINGLE LIMIT	$
[ ] ALL OWNED AUTOS	BODILY INJURY (Per person)	$
[ ] SCHEDULED AUTOS	BODILY INJURY (Per accident)	$
[ ] HIRED AUTOS	PROPERTY DAMAGE	$
[ ] NON-OWNED AUTOS	MEDICAL PAYMENTS	$
	PERSONAL INJURY PROT	$
	UNINSURED MOTORIST	$
		$

VEHICLE PHYSICAL DAMAGE	DED	ALL VEHICLES	SCHEDULED VEHICLES	ACTUAL CASH VALUE	
[ ] COLLISION:				STATED AMOUNT	$